

**SUMMARY REPORT OF  
ASSISTANCE EXPENDITURES -  
FEDERAL CHILDREN IN FOSTER CARE**

 For State Use → ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ( )

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
( )	( )	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
( )	( )	6. Prior Months Cancellation Contra Roll
( )	( )	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. <b>TOTAL</b>
		12. Amount not Reimbursable from Federal Funds

A	B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
			(LINE 11B MINUS LINE 12A) X .5167	(LINE 11B - Line 13D -FC 1 Col E1) X .40	(LINE 11B - Line 13D - FC 1 Col E1) X .60	
						13.
<b>GRAND TOTALS</b>						14.
		(Line 11B)	(Line 13D)	(Line 13E)	(Line 13F)	
						15.
						16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)		(COL. 17A) X .5	(COL. 17A - Col. 17D + Col 17B) X .40	(Col. 17A - Col. 17D + Col. 17B) X .60	17.
<b>FUNERAL COSTS</b> (11-405.2)						18.
<b>(FOR COUNTY USE ONLY)</b>	PERS. CTS.					19.
						20.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

## INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
- 1a. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
2. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800 FC (Federal) may be rounded to the nearest dollar.
3. Enter the subtotals in Lines 5 and 9 and the totals in Line 11.
4. Line 12A - Enter the net amount not reimbursable from federal funds.  
(Example: Social worker services (FC 1 column F2), interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).
5. Line 13D - Enter the federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A) multiplied by 51.67 percent.
6. Line 13E - Enter the state share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiplied by 40 percent.
7. Line 13F - Enter the county share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiplied by 60 percent.
8. Line 14 - Enter grand totals.
9. Line 15 and 16 - Reserved for state use.
10. Line 17A - Enter the Total Federal Administration Costs: FC1 column E3.
11. Lines 17B - Enter the Total Non-Federal Administration costs: FC1 column F2.
12. Line 17D - Enter the federal share: (17A) multiplied by .5.
13. Line 17E - Enter the state share: (17A minus (17D) plus 17B multiplied by 40 percent.
14. Line 17F - Enter the county share: (17A) minus (17D) plus 17B multiplied by 60 percent.
15. Line 18 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).
16. Lines 19 and 20 - Include at county request and use is optional. If adjustments are reported which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.